

<b>REQUEST FOR ORAL HEARING</b> BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 418268833US
	In re Application of <div style="text-align: center;">Schorr et al.</div>	
	Application Number 10/736,435-Conf. #3420	Filed December 15, 2003
	For SYSTEM AND METHOD FOR PROVIDING A DYNAMIC EXPANDED TIMELINE	
	Art Unit 2628	Examiner J. A. Amini

Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.

The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ 1,080.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ \_\_\_\_\_

☐ A check in the amount of the fee is enclosed.

☒ Payment by EFT Account SEA1PIR in the amount of \$1,080.00 is hereby authorized.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

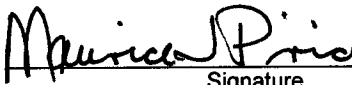
☒ The Director is hereby authorized to charge any deficiencies or credit any overpayment to Deposit Account No. 50-0665.

☐ A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

☐ applicant/inventor.

  
 Signature

☐ assignee of record of the entire interest.  
 See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.  
 (Form PTO/SB/96)

Maurice J. Pirio  
 Typed or printed name

☒ attorney or agent of record.  
 Registration number 33,273

October 20, 2008  
 Date

☐ attorney or agent acting under 37 CFR 1.34.  
 Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

(206) 359-8000  
 Telephone number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.